

# Washington State Health Care Authority

## Tribal Consultation & Roundtable



**June 10, 2013**

**Health Care Authority Executive Leadership Team & Tribal Affairs**

# Introductions & Roundtable



- **Welcome & Invocation**
- **Introductions**
  - Tribal Participants
  - HCA Executive Leadership Team
- **School-Based Health Services (SBHS)**
- **ProviderOne: Chemical Dependency Billing**
- **HCA Consultation Policy & AIHC-HCA Meeting Schedule**
- **LUNCH** (*12:30 to 1 p.m.*)

# Consultation Agenda



- **Affordable Care Act Implications to Tribes**
  - Medicaid Expansion Overview
  - State Plan Amendments
  - MAGI Eligibility Determination Waiver
- **Q & A on Medicaid Expansion**
- **BREAK** *(15 Minutes)*
- **Uncompensated Care Waiver**
- **Comments & Closing**

# Welcome & Invocation



## **Marilyn Scott**

Vice Chairwoman, Upper Skagit Tribe  
Chair, American Indian Health Commission (AIHC)

## **Dorothy Teeter**

Director, Health Care Authority (HCA)

# Tribal Leader Introductions



# Webinar Participants



- HCA Staff will announce the names of all Tribal Participants who have joined the webinar.
- Tribal Participants: If you wish to comment during introductions, please type “Wish to speak” in the webinar Question box to be unmuted.

# Introductions: HCA Executive Leadership



## About Dorothy Frost Teeter, MHA *Executive Director, HCA*

- Senior Advisor for Policy and Programs at the Center for Medicare and Medicaid Innovation (CMMI)
- Led 2,000 employees as Chief of Health Operations for Public Health—Seattle & King County
- Senior executive responsible for the design and delivery of population-based, evidence-based health care services for 600,000 enrollees (Group Health Cooperative of Puget Sound)

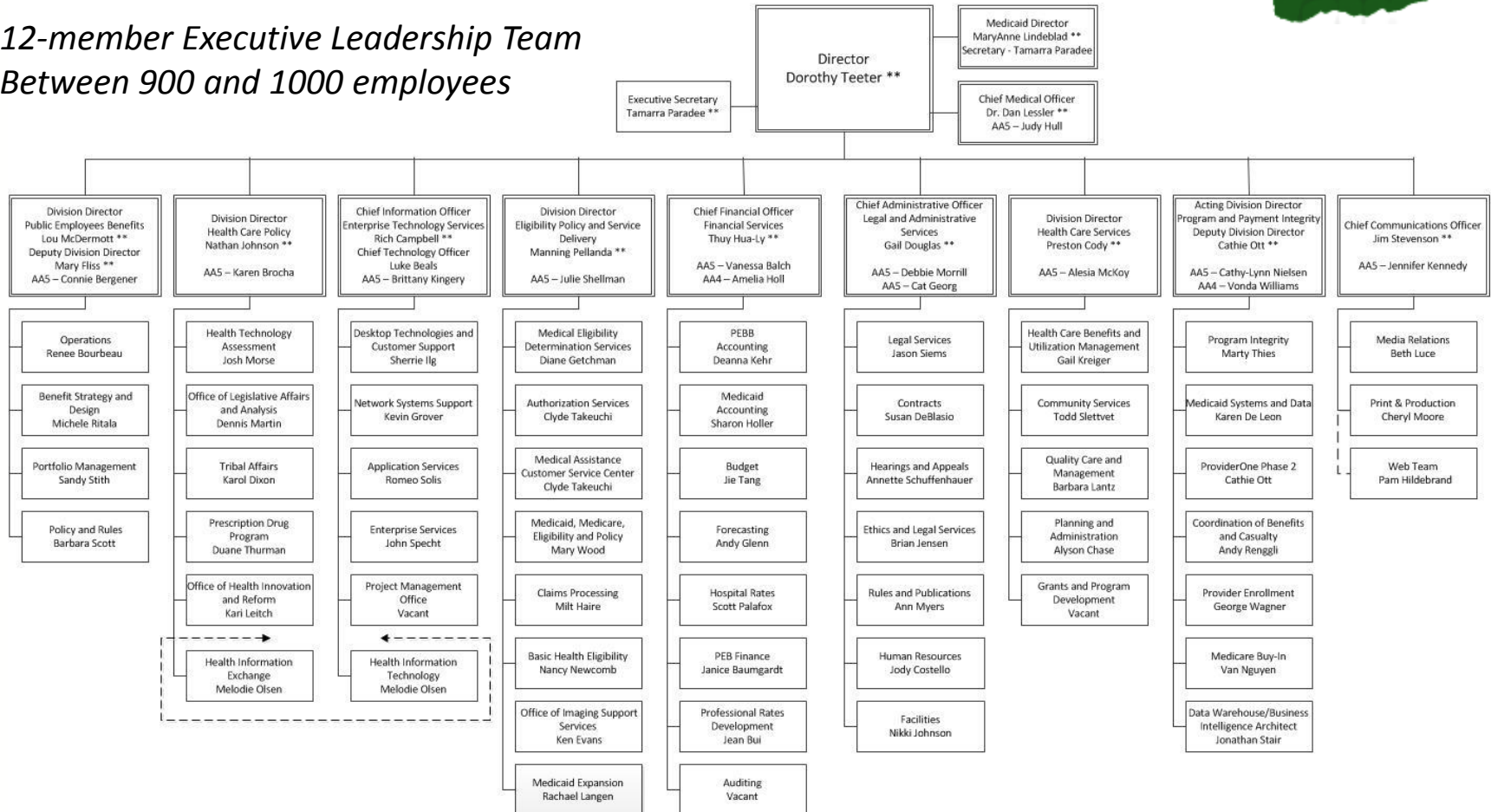
**Fall will bring a life-changing event for Dorothy.** Her first grandchild will arrive. She can't wait! Another interesting thing about Dorothy: she only eats a small snack for lunch. She's too busy!

# The Organization Dorothy Leads



## Washington State Health Care Authority

- 12-member Executive Leadership Team
- Between 900 and 1000 employees





## A few other facts about Dorothy



- Spent part of her career as senior administrator for research and public health practices serving children with special health care needs
- She is a clinical assistant professor at the University of Washington
- At a recent New Employee Training Session, Dorothy noted that our mission remains the same, but how HCA gets the job done is going to change.

# Introductions: HCA Executive Leadership



## About MaryAnne Lindeblad, BSN, MPH *Medicaid Director*

- In 2009, one of six individuals selected for the inaugural class of the Medicaid Leadership Institute, sponsored by the Robert Wood Johnson Foundation
- Served as Assistant Secretary for DSHS's Aging & Disabilities Services Administration before joining HCA
- Member, executive committee for the National Academy for State Health Policy, chairing the Long Term and Chronic Care Subcommittee



**MaryAnne is deeply connected to Washington.** In addition to graduating from EWU (undergrad) and the UW (graduate program), she has spent virtually her entire career here in private & public service.

# A Few Facts About the Medicaid Division



- April to September: In the midst of one of the largest reform efforts in Medicaid history
- In the next few years, the program expects to add about 325,000 people to the state system
- The program presently serves more than 1.2 million Medicaid and medical assistance clients per year
- From 2006 to 2011, the program succeeded in holding down costs, with a 2.6% state increase well below the 4.2% national increase

# Introductions: HCA Executive Leadership



## About Daniel Lessler, MD *Chief Medical Officer*

- Served on the faculty of the University of Washington School of Medicine for 20 years
- Served as Senior Associate Medical Director for Harborview Medical Center
- Served on many boards and helped found King County Care partners, a nationally-recognized partnership for clinical management of complex Medicaid clients

**Joining Dorothy's team in May 2013,** Dr. Lessler immediately began making the rounds to get to know HCA priorities.

# A Few Facts About the Chief Medical Officer



- Makes clinical policy decisions that guide medical coverage, maintain quality standards, and ensure evidence-based practices
- Conducts provider outreach, liaison efforts and support
- Serves as an advisor across all health care divisions on benefits policy
- Reviews and evaluates clinical guidelines and decisions

# Introductions: HCA Executive Leadership



## About Thuy Hua-Ly

*Chief Financial Officer, Financial Services*

- Manages one of the State's single largest biennial budgets (\$14 BILLION)
- More than 25 years with the State, including: Services for the Blind, Office of Financial Management, administration for the courts, DSHS, and HCA
- Graduate of Western Washington University with a double-major: Business Administration & Accounting



**Beyond her extensive financial management experience,** Thuy has an abiding respect for the gifts nature produces. She loves to “play in the dirt” as she puts it and enjoys riding her bike to work when the weather is nice.

# A Few Facts About Financial Services



- Responsible for ongoing reporting to the Governor and Washington State Legislature, as well as Medicaid and Public Employees Benefits budgets, accounting, forecasting, and rate-setting
- Health care reform will have a major impact on how health services are funded, including innovations presently being sought and examined
- Thuy's philosophy is centered on collaboration...or "linking arms together"



# Introductions: HCA Executive Leadership



## About Gail Douglas

*Chief Administrative Officer,  
Legal and Administrative Services*

- Active member of the Washington State Bar with a master's degree in public administration
- A state employee since the 1980s, she regards her staff as her greatest resource
- Responsible for the legal details associated with the merger of the Medicaid staff and the Health Care Authority

**Gail's first taste of leadership came as a point guard** for the St. Martin's College women's basketball team in the mid-1970s. She regards leadership a privilege that she continues to embrace.



# Facts About Legal & Administrative Services



- Every rule in development is sent to Tribal contacts for review and comment
- The division works with a minimum of 400 rule sections per year
- Sends notices to Tribal contacts for all State Plan Amendments, including a description of anticipated Tribal impacts
- Presently, HCA has 50-plus active contracts representing 30 Tribal entities

# Introductions: HCA Executive Leadership



## About Rich Campbell

*Chief Information Officer,  
Enterprise Technology Services*

- Manages information technology development and functions for HCA
- Planned to attend medical school, but took a computer course on the way & discovered his passion
- Manages network security, internet technology, and more



**Family is a top priority for Rich.** He has two adult children, one that works in the computer industry and another whose husband has served in Afghanistan and Iraq. In his free time he is using his welding skills to restore a 1976 Land Rover.

# Facts About Enterprise Technology Services



- Technology crosses all divisions and offices at HCA. Enterprise Technology Services works with other departments regularly.
- HCA presently is working with a four-year “road map” to direct the evolution of health care-related technology
- The Medicaid Management Information System was the most complex information technology project in the State’s history

# Introductions: HCA Executive Leadership



## About Jim Stevenson

*Chief Communications Officer, Communications*

- Former editor of The Olympian
- Responsible for leading HCA's internal and external communications
- Works collaboratively with other state offices (including the Governor's staff)
- Regularly works with the press

**A father and grandfather,** Jim, his brothers, sister, and children all have “J” names. He was pleased when his grandchildren were named Fiona, Leo and Molly.

## A Few Facts About HCA Communications



- Jim leads HCA's Communications Council, a group of 20+ communicators who work with the agency's various divisions and 900-plus staff members
- Information generated from HCA extends throughout the state and more directly to the 1.2 million receiving medical services
- Presently, HCA is communicating with hundreds of professionals from public agencies, the health care industry, private citizens, and Tribes to develop the State Health Care Innovation Plan.

# Introductions: HCA Executive Leadership



## About Manning Pellanda

*Division Director,  
Eligibility Policy & Service Delivery*

- Building programs from the ground up is a personal passion
- The Affordable Care Act (ACA) makes innovation a necessity
- There is no blue-print for transformation; states and state leaders must create their own and be accountable to all Washingtonians for doing so

**In his youth, Manning dreamt of becoming an architect.** He used to spend hours building things with Legos...but his love for Legos has been replaced by a love of photography.

## Facts About Eligibility Policy & Service Delivery



- In 2012, the Office of Claims processed \$53 million in Tribal claims *(Contact: Milt Haire, OCP Section Manager)*
- Twelve Tribes have sponsorship agreements with Basic Health *(Contact: Nancy Newcomb, BH Section Manager)*
- The Medical Assistance Customer Services Center regularly assists Tribal members with questions. *(Contact: Jacquie Howard, MACSC Program Specialist)*
- The Office of Medicare, Medicaid Eligibility Policy assisted in creating the Port Gamble S'Klallam public assistance pilot. Over six months, OMMEP has conducted three webinars for the Tribes. *(Contact: Mary Wood, OMMEP Section Manager)*

# Introductions: HCA Executive Leadership



## About Preston Cody

*Division Director, Health Care Services*

- Helped usher in Basic Health nearly 18 years ago and will be here to help shepherd its successor
- HCS's vision statement reflects his values: the **RIGHT** service at the **RIGHT** time for the **RIGHT** reason.
- Appropriate services for everyone from children, to adults, to whole families, is top priority



**Preston has a thing for gizmos with wheels** (and snow machine tracks). These days, it's his Kawasaki KLE 650 motorcycle. Growing up in Alaska, it was three-wheelers and snow machines.



# A Few Facts About Health Care Services



- HCA contracts with 13 Tribes and two urban Indian clinics to provide Primary Care Case Management (PCCM) to approximately 7,860 enrollees. PCCM provides case management and referral for program enrollees, while health care services are paid through the fee-for-service system. *(Contact: Alison Robbins, Office of Quality and Care Management)*
- Twelve Tribes participate in Medicaid Administrative Match (MAM). In FY 2012, HCA reimbursed Tribes \$449,227 for MAM-allowable activities *(Contact: Tyron Nixon, Community Services)*

# Introductions: HCA Executive Leadership



## About Lou McDermott

### *Division Director, Public Employees Benefits*

- Began his state work 20 years ago as a swing shift temporary worker paying Medicaid claims
- Now directs a program providing insurance and benefits for 330,000 active and retired state employees
- A hands-on manager who likes to look at service delivery from the perspective of the people receiving the service

**Lou has his state job to thank for two things:** His family and a meaningful living. Lou met his wife on the swing shift. Lou enjoys raising his son and looking out for Washington's State employees and their families.

# A Few Facts About Public Employees Benefits



- As of February 2013, the PEB serves four Tribal groups representing 240 accounts and 361 covered lives
- PEB provides insurance and benefits for active and retired individuals and their families:
  - State employees
  - Higher-education employees
  - K-12 employees
  - Employer groups

# Introductions: HCA Executive Leadership



## Cathie Ott

*Acting Assistant Director, Program and Payment Integrity*

- Helped to establish Washington's original Fraud and Abuse Detection Program
- Served as HCA's Deputy Chief Information Officer before leading the Division of Program and Payment Integrity
- Champion of ProviderOne Phase 2 and the integration of Medicaid waiver services with medical

**Cathie loves music.** She enjoys playing the piano and says she'd like to be a concert pianist when she "grows up." Cathie is a graduate of Washington State University. In her words: "Go Cougs!"

# Facts About Program & Payment Integrity



- The functions in the Division focus on payment system safeguards and accountability, recovery of improperly utilized funds, prevention and detection of fraud waste and abuse.
  - Coordination of Benefits & Medicare Buy-I
  - ProviderOne Operations
  - Office of Program Integrity
  - Provider Enrollment
  - ProviderOne Phase 2 Project

# Introductions: HCA Executive Leadership



## About Nathan Johnson

### *Division Director, Health Care Policy*

- Came to the HCA from a research analyst position with the Washington State Legislature
- Oversees six units focused on innovation: Health information technology, health technology assessment, health innovation and reform, legislative affairs, prescription drug program and tribal affairs.
- Working with state and national resources to transform health in Washington



**Looks can be deceiving.** Beneath the youthful exterior and suit-and-tie is a musician who taught himself to play the guitar and sing in a rock band. A simple pleasure he looks forward to: Teaching his sons Steven and Bradley to fish.

# A Few Facts About Health Care Policy



- HCP works closely with the state legislature to help ensure that directives are in place to effectively manage the state's evolving systems of care
- With government-to-government Tribal relations a priority, HCP is participating with other HCA offices to improve communications (*e.g., work groups and webinars*)
- Building toward a healthier Washington requires an extensive network of partnerships. HCP is helping to launch these vital connections.



# HCA Tribal Affairs Office



**Karol Dixon**

*Native Health Program Manager*



**Cory Barker**

*Program Specialist 4*

**Jenny Hamilton**

*Senior Policy Analyst*



# Tribal Opening Statements



# School-Based Health Services (SBHS)



# School-Based Health Services (SBHS)



## Overview:

- Washington State's [School-Based HealthCare Services \(SBHS\)](#) program reimburses school districts for Medicaid-covered health care-related services provided to Medicaid-eligible children (aged 3 – 21) in Special Education.
- SBHS is provided to a child with a disability in accordance with the Individuals with Disabilities Education Act (IDEA) Part B.
- SBHS services must address the physical and/or mental disabilities of the child and be included in the child's current Individualized Education Plan (IEP).

# School-Based Health Services (SBHS)



## Purpose:

School districts who contract with the Health Care Authority (the Agency) receive reimbursement for health care-related services provided consistent with [Section 1903\(c\)](#) of the Social Security Act. The services must do all of the following:

- Identify, treat, and manage the education-related disabilities (i.e., mental, emotional, and physically);
- Be prescribed or recommended by a licensed health care provider; and
- Be medically necessary.

# School-Based Health Services (SBHS)



**For the SBHS program, health care-related services include:**

- Audiology services
- Counseling services
- Nursing services
- Occupational therapy services
- Physical therapy services
- Psychological assessment
- Speech-language therapy services

# School-Based Health Services (SBHS)



## Licensure Requirements:

- School districts are responsible for ensuring their health care providers meet federal and state licensing requirements.
- Licensing requirements for the State of Washington can be found on the [Department of Health \(DOH\)](#) website.
- Licensed health care providers must have a National Provider Identifier (NPI) number through the [National Plan and Provider Enumeration System \(NPPES\)](#). Once licensure and NPI numbers have been acquired, districts must enroll the servicing providers under the district's billing NPI number.

# School-Based Health Services (SBHS)



## Requirements for billing and reimbursement:

To receive payment from the Agency for providing health care-related services to Medicaid-eligible children, a school district must:

- Have a current and signed core provider agreement (CPA) with the Agency.
- Have a current, signed, and executed interagency agreement with the Agency.
- Bill according to the Agency's current, published [SBHS Medicaid Provider Guide \(MPG\)](#), the SBHS [fee schedule](#), and through an [intergovernmental transfer \(IGT\) process](#).
- Provide only health care-related services identified through an IEP.
- Use only licensed health care professionals as described in WAC [182-537-0350](#).
- Meet documentation requirements outlined in WAC [182-537-0700](#).

# ProviderOne: Chemical Dependency Billing





# ProviderOne: Chemical Dependency Billing



## Upcoming ProviderOne Change:

To pay chemical dependency claims for non-native patients, the HCA ProviderOne payment system requires a tribal Inter-Governmental Transfer update.

# **HCA Consultation Policy, Matrix & AIHC-HCA Meeting Schedule**



# Consultation Policy Comparison



## State Agencies Involved in Tribal Health Care Payments

Agency:	Dept. of Social & Health Services	Health Care Authority	Health Benefit Exchange
# of Salaried Employees:	Approx. 23,900	Approx. 1,300	Approx. 100
Tribal Consultation Policy:	Administrative Policy No. 7.01	Tribal Consultation & Communication Policy	Tribal Consultation Policy
Primary Focus:	Social services and behavioral health programs (e.g., TANF, CPS, etc.)	Medicaid	Washington Health Plan Finder
Liaison with Tribes:	Office of Indian Policy (OIP)	HCA Tribal Liaison (Karol Dixon)	HBE Tribal Liaison (Sheryl Lowe)
Tribal Resources Webpage:	<a href="http://www.dshs.wa.gov/oip/index.shtml">http://www.dshs.wa.gov/oip/index.shtml</a>	<a href="http://www.hca.wa.gov/tribal/Pages/index.aspx">http://www.hca.wa.gov/tribal/Pages/index.aspx</a>	<a href="http://wahbexchange.org/about-the-exchange/for-american-indian-alaska-natives/">http://wahbexchange.org/about-the-exchange/for-american-indian-alaska-natives/</a>
Standing Workgroup:	Indian Policy Advisory Committee (IPAC)  Meetings quarterly, with 2 Assistant Secretaries present	HCA/American Indian Health Commission  Meetings monthly (via webinar since January 2013)	Tribal Advisory Workgroup (TAW)  Meetings bimonthly in 2013-14 and quarterly thereafter, with Liaison
Other Informal Meetings:	DSHS Secretary attends AIHC Health Summit and annual joint meeting of IPAC and AIHC  Quarterly meetings between OIP and each Assistant Secretary and program liaison/manager	HCA Director attends AIHC Health Summit and annual joint meeting of IPAC and AIHC  Quarterly meetings between HCA Director and AIHC Executive Committee  Liaison attends AIHC and IPAC meetings and of NPAIHB and other Tribal/UIHP meetings as resources allow	N/A

# Consultation Policy Comparison (cont)



Agency:	Dept. of Social & Health Services	Health Care Authority	Health Benefit Exchange
<b>Communication Protocols:</b>	Highly Structured  Notification of local level meetings or cancellations to OIP Regional Manager	Structured for Consultation requests, Medicaid State Plan Amendments or waivers that affect Tribes, and Consultation Policy changes  Liaison as first point of contact	Regular and meaningful collaboration
<b>Consultation Protocols under Federal/CMS Requirements:</b>	For Medicaid State Plan Amendment/waivers—HCA as Medicaid “single state agency”: <ul style="list-style-type: none"> <li>• Written notification to Tribes/UIHPs 60 days before anticipated submission date to CMS</li> <li>• Tribes/UIHPs allowed 30 days to respond to notification, with opportunity for in-person meeting with Tribal representatives</li> </ul>		Regularly consult on on-going basis
<b>Consultation Protocols under State Centennial Accord:</b>	For all other DSHS matters: <ul style="list-style-type: none"> <li>• DSHS, Tribe, or IPAC calls Statewide Consultation</li> <li>• DSHS sets location and date, with at least 2 written notifications:               <ul style="list-style-type: none"> <li>○ 45-60 days prior to Consultation, and</li> <li>○ 15-30 days prior to Consultation</li> </ul> </li> <li>• DSHS participants in Consultation meeting recognize that each tribe is unique culturally and administratively</li> </ul>	For all other HCA matters: <ul style="list-style-type: none"> <li>• Annual Consultation with HCA Director, may be held with regularly scheduled AIHC or HCA/AIHC Workgroup meeting</li> <li>• Consultation may be called by HCA or AIHC/Tribe/UIHPs on statewide or one-on-one basis, with location, date, and time agreed upon; one-on-one Consultation not a substitute for broad Consultation when issue may affect other Tribes/UIHPs</li> <li>• Face-to-face Consultation encouraged, either in single state-wide meeting or through a series of regional meetings</li> </ul>	For all HBE matters: <ul style="list-style-type: none"> <li>• Consultation requested in writing – HBE may propose a location and date at least 21 after date of request and Tribe, AIHC, or UIHP may propose alternative location or date at least 7 days after receipt of consultation letter</li> <li>• Forum may be face-to-face, webinar, or teleconference unless otherwise mutually agreed upon</li> <li>• Within 3 business days of time of decision, HBE will notify parties of decision</li> </ul>

# Consultation Policy Comparison (cont)



Agency:	Dept. of Social & Health Services	Health Care Authority	Health Benefit Exchange
<b>Training:</b>	Employees in key positions must be trained on Administrative Policy 7.01 requirements	Liaison trains HCA staff on Centennial Accord requirements; HCA Director assures staff access to tribal training curriculum reviewed by AIHC delegates	
<b>Other:</b>	All DSHS programs and services to Tribes, UIHPs, and AIANs must be culturally relevant		Representatives of Tribes/UIHPs/AIHC may serve on committees and planning structures in HBE, work as sub-contractors for consultants hired by HBE, and/or receive grants/contracts from HBE to assist in planning/administration
<b>Policy Reevaluation:</b>		Note: Current review being conducted at request of AHIC	Annually, at request of parties

# Tribal Consultation: Questions?



**LUNCH 12:30 to 1 pm**



## **RECOMMENDATION:**

- **For ease of use, please remain logged into the webinar. You will continue to be muted and will have privacy.**
- **If you do log out, you should be able to return.**

# Consultation Agenda



*The webinar will resume shortly*

- **Affordable Care Act Implications to Tribes**
  - Medicaid Expansion Overview
  - State Plan Amendments
  - MAGI Eligibility Determination Waiver
- **Q & A on Medicaid Expansion**
- **BREAK** (*15 Minutes*)
- **Uncompensated Care Waiver**
- **Comments & Closing**



# Affordable Care Act (ACA) Implications to Tribes



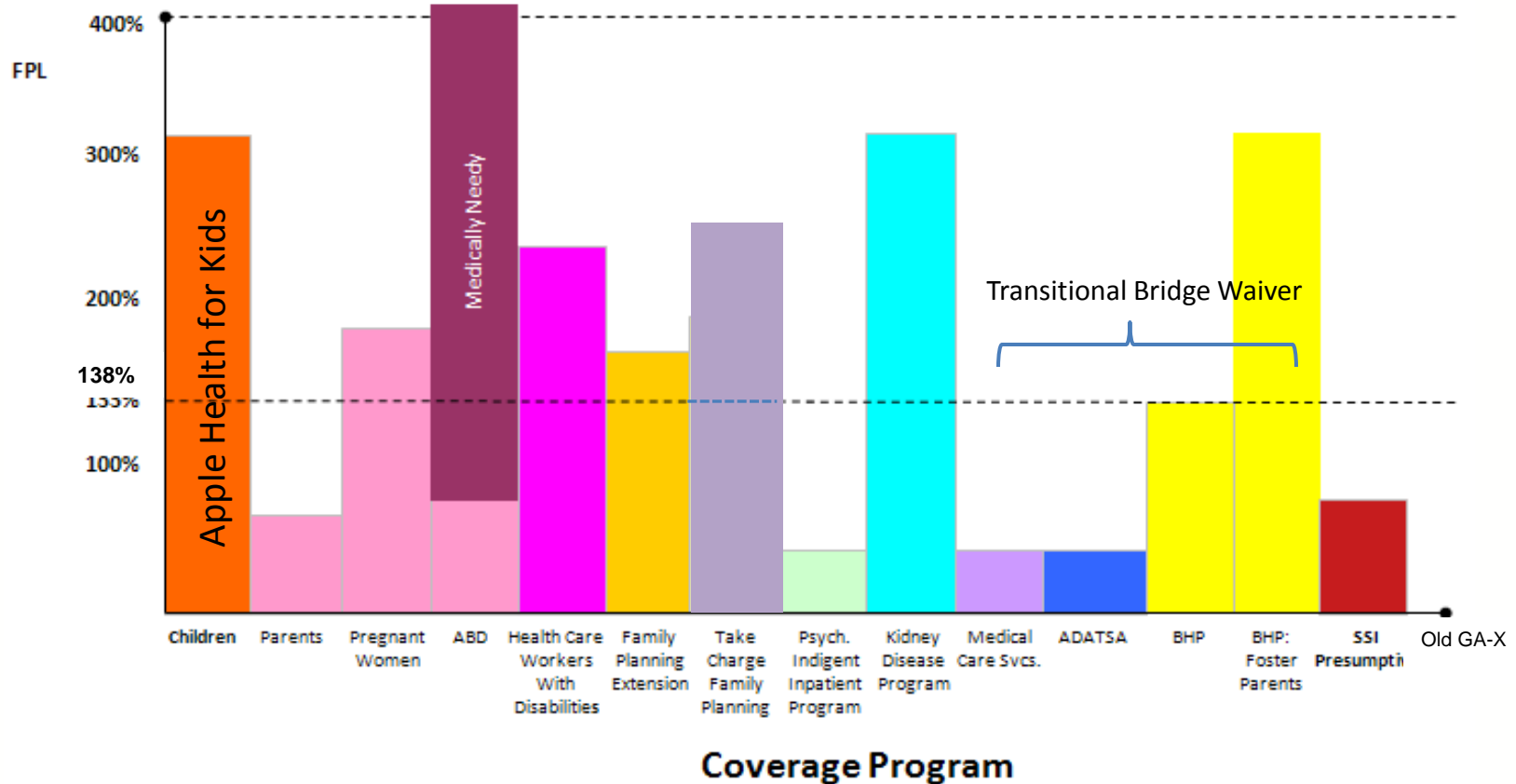
# ACA Implementation Overview



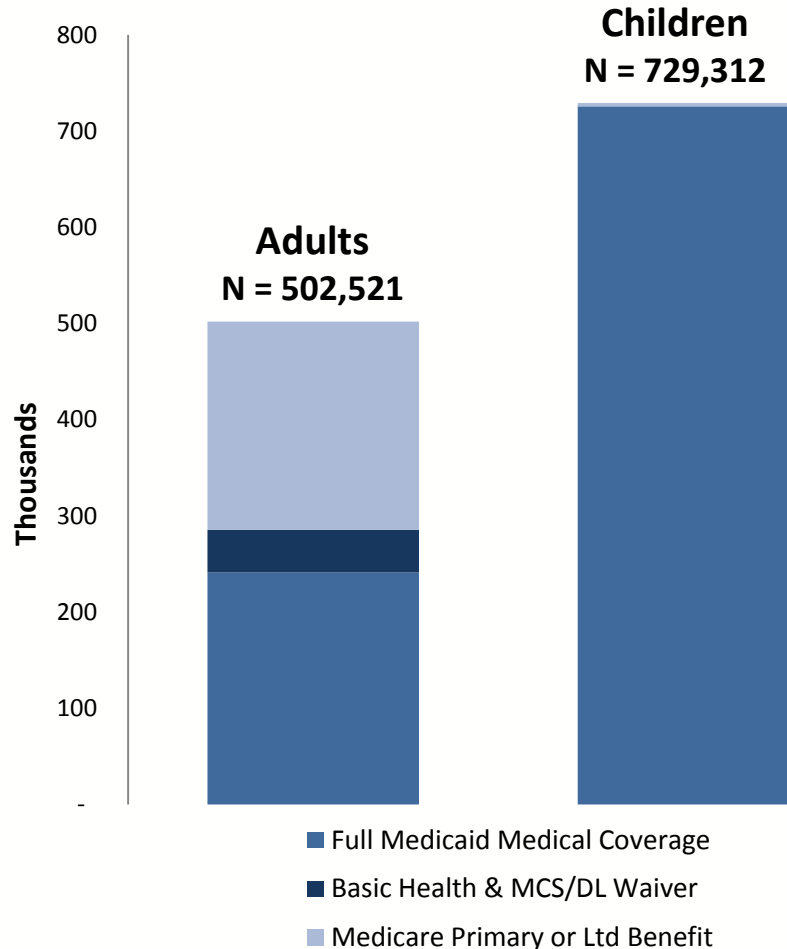
- **Medicaid Today**
- **Health Care Coverage in 2014**
  - Washington's Insurance Options
  - Medicaid Expansion Goals
  - New Medicaid Enrollees
  - Washington's Healthplanfinder
- **Online Resources**

# Medicaid Today

## Washington's Programs



# Medicaid Today

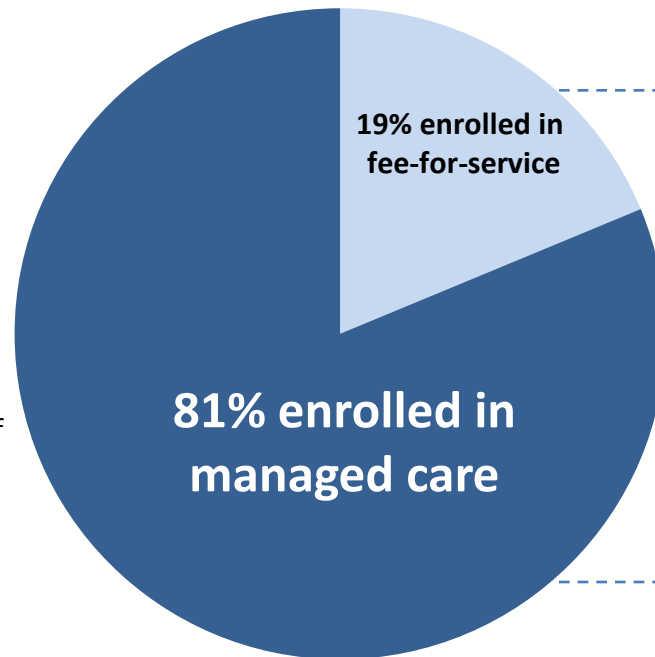


- Covers the full medical benefit for over 99% of **children** on the caseload.
- Covers the full medical benefit for close to 60% of **adults** on the caseload. Medicare is the primary payer for nearly 90% of the remainder who are **DUAL ELIGIBLES**.

# Medicaid Today



**Just over 1 million beneficiaries receive their full medical coverage from Medicaid**  
(excludes duals, partial duals, family planning-only and alien emergency medical.)



## Current Health Plans

- Amerigroup
- Community Health Plan of Washington (CHPW)
- Coordinated Care
- Molina Healthcare
- UnitedHealth

	FFS	Managed Care
Adults	64,893	220,516
Children	124,582	600,944

Source: Medicaid Assistance Eligible Persons Report – *Preliminary* December Enrollment; Basic Health Monthly Enrollment December 2012

# Health Care Coverage in 2014



## Insurance Options

Health Care Authority and  
Department of Social & Health Services

<http://www.hca.wa.gov/>

Public  
Programs

Advance  
Premium  
Tax Credits

Large  
Employer  
Groups

Qualified  
Health  
Plans

Individual  
Market

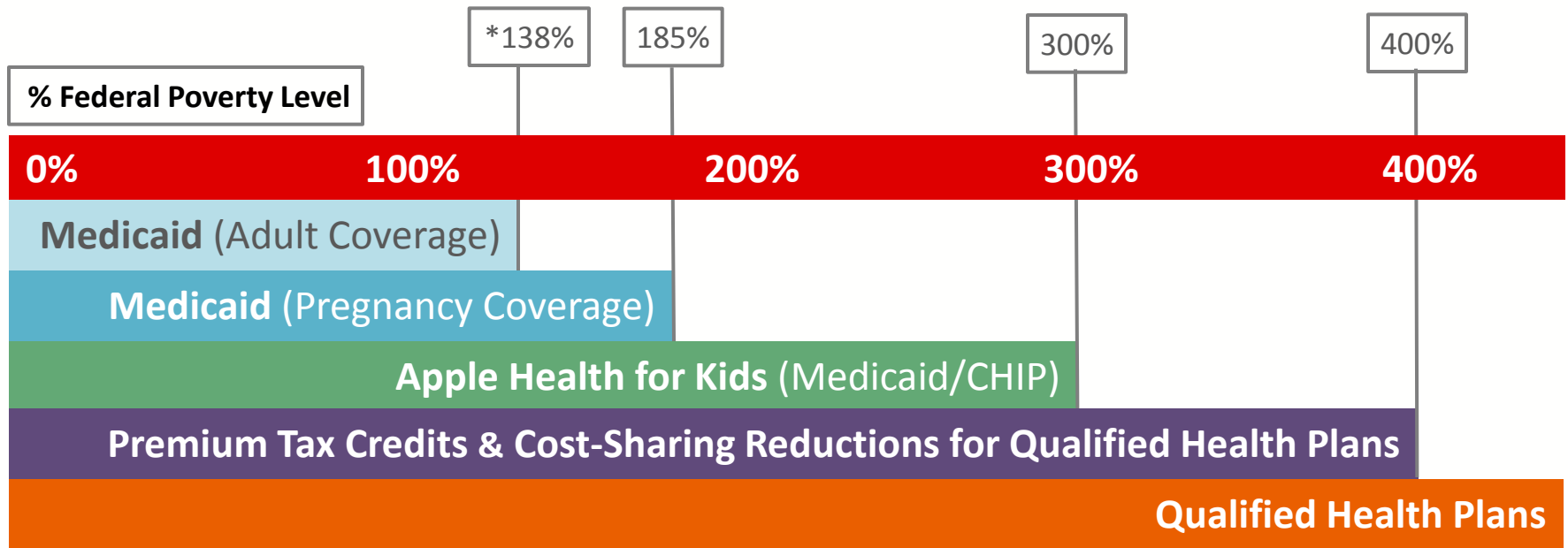
Small  
Employer  
Groups

Office of the  
Insurance  
Commissioner  
<http://www.insurance.wa.gov/>

Health Benefit Exchange  
<http://wahbexchange.org/>

# Health Care Coverage in 2014

## New Continuum of Affordable Options



\* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard

# Medicaid in 2014



- Option to expand Medicaid to 138% of the FPL for adults under age 65 not receiving Medicare
  - **Modified Adjusted Gross Income (MAGI) methodology** defines how income is counted, and how household composition and family size are determined
  - **MAGI** will determine eligibility for children, pregnant women, parents and all adults in the new adult category
- Current Medicaid eligibility standards still apply to aged, blind, disabled, SSI, and foster children
  - **ACA does not impact these groups**
- Washington's new adult group will include:
  - **Childless adults** with incomes below 138% of the FPL
  - **Parents** with incomes between ~40% and 138% of the FPL



# 2013 FPL Levels



Federal Poverty Level	Annual Income: Individual	Annual Income: Family of 3
100%	\$11,490	\$19,530
133%	\$15,282	\$25,975
138%	\$15,856	\$26,951
200%	\$22,980	\$39,060
300%	\$34,470	\$58,590
400%	\$45,960	\$78,120

Source: <http://aspe.hhs.gov/poverty/13poverty.cfm>

# Medicaid in 2014



- Enhanced federal funding for costs of newly eligible adults:

	2014	2015	2016	2017	2018	2019	2020 +
State Share	0%	0%	0%	5%	6%	7%	10%
Federal Share	100%	100%	100%	95%	94%	93%	90%

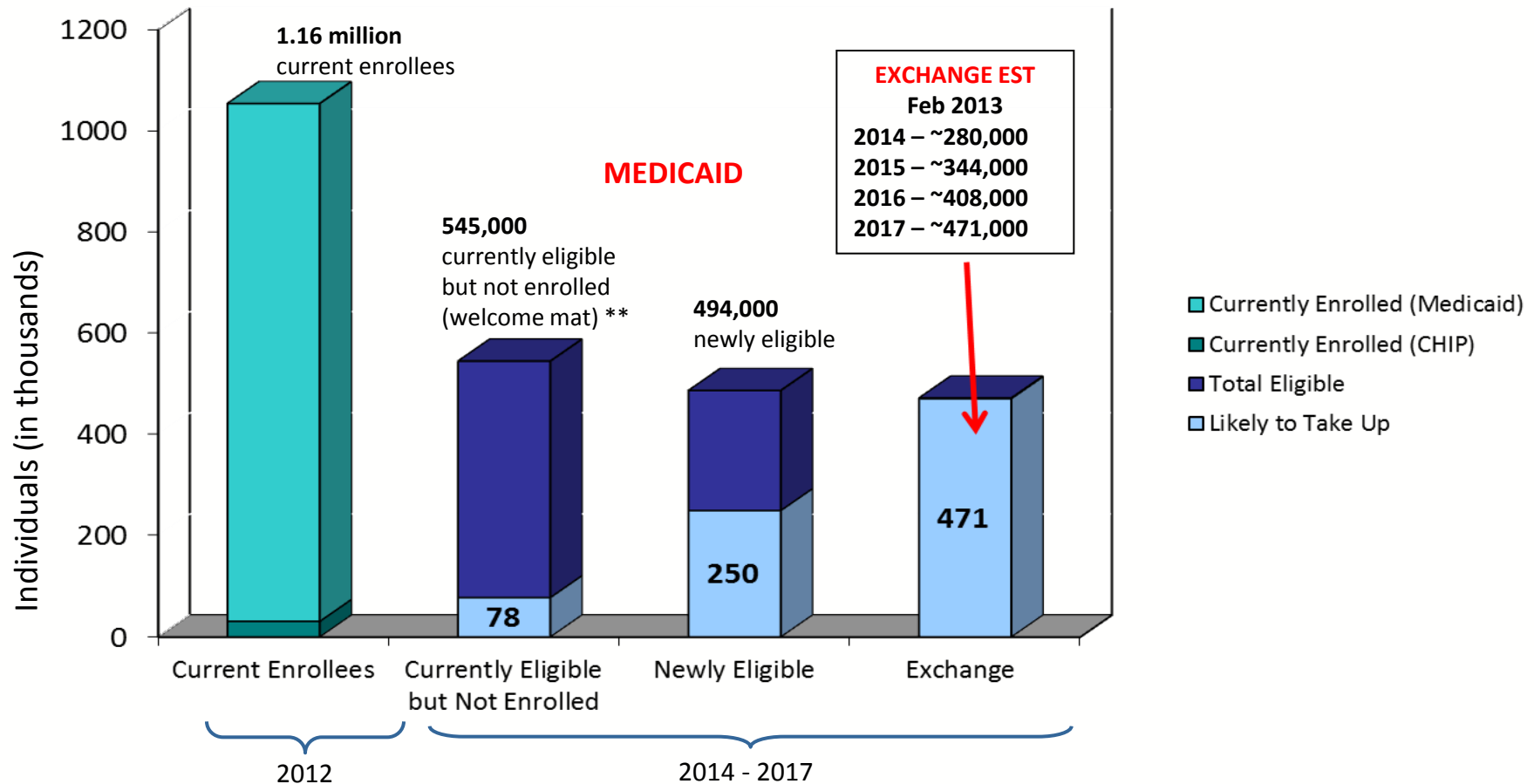
- Newly eligible parents and childless adults are:
  - under 65 years old
  - not pregnant
  - not entitled to Medicare
  - not in an existing Medicaid category (e.g. children, pregnant women, aged, blind and disabled)

# Medicaid Expansion Goals



- **CAPITALIZE ON OPPORTUNITIES** to streamline administrative processes
- **LEVERAGE NEW FEDERAL FINANCING** opportunities to ensure the Medicaid expansion is sustainable
- **MAXIMIZE USE OF TECHNOLOGY** to create consumer-friendly application/enrollment/renewal experience
- **MAXIMIZE CONTINUITY OF COVERAGE & CARE** as individuals move between subsidized coverage options
- **REFORM THE WASHINGTON WAY**—comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified

# Post-Implementation of the ACA: Subsidized Coverage Landscape in Washington



Note: Analysis forecast assumes full take up rate and the ACA was in effect in 2011.

\*\*Includes individuals who have access to other coverage (e.g., employer sponsored insurance). Sources: The ACA Medicaid Expansion in Washington, Health Policy Center, Urban Institute (May 2012); The ACA Basic Health Program in Washington State, Health Policy Center, Urban Institute (May 2012); Milliman Market Analysis; and Washington Health Care Authority for Medicaid/CHIP enrollment.

# New Medicaid Enrollees



## New Medicaid Enrollees Report Good Health Overall

	Eligibility of Projected New Enrollees					
	Currently Eligible, Not Enrolled		Newly Eligible		Total	
	N	%	N	%	N	%
<b>Total</b>	77,913	100.0%	250,308	100.0%	<b>328,221</b>	100.0%
<b>Health Status</b>						
Excellent - Good	58,726	75.4%	180,407	72.1%	239,133	72.9%
Fair - Poor	19,187	24.6%	69,901	27.9%	89,088	27.1%

Source: Urban Institute Analysis of Augmented WA State Database

# New Medicaid Enrollees

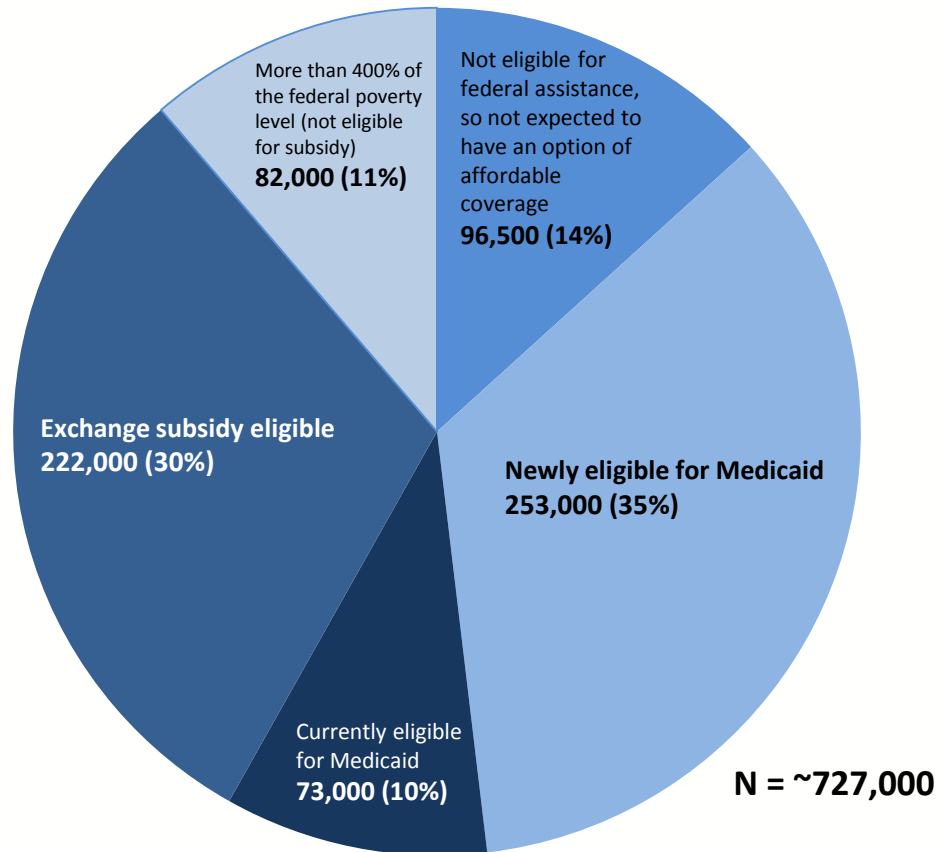


## BY AGE

	Eligibility of Projected New Enrollees					
	Currently Eligible, Not Enrolled		Newly Eligible		Total	
	N	%	N	%	N	%
<b>Total</b>	77,913	100.0%	250,308	100.0%	328,221	100.0%
<b>Age</b>						
0 – 18 years	49,115	63.0%	5,512	2.2%	54,627	16.6%
19 - 24 years	2,400	3.1%	80,037	32.0%	82,437	25.1%
25 - 44 years	23,281	29.9%	75,553	30.2%	98,834	30.1%
45 - 64 years	3,117	4.0%	89,206	35.6%	92,323	28.1%

Source: Urban Institute Analysis of Augmented WA State Database

## ~85% of Washington's uninsured adults will have access to affordable coverage under full implementation of the ACA



Source: Urban Institute Analysis of Augmented WA State Database



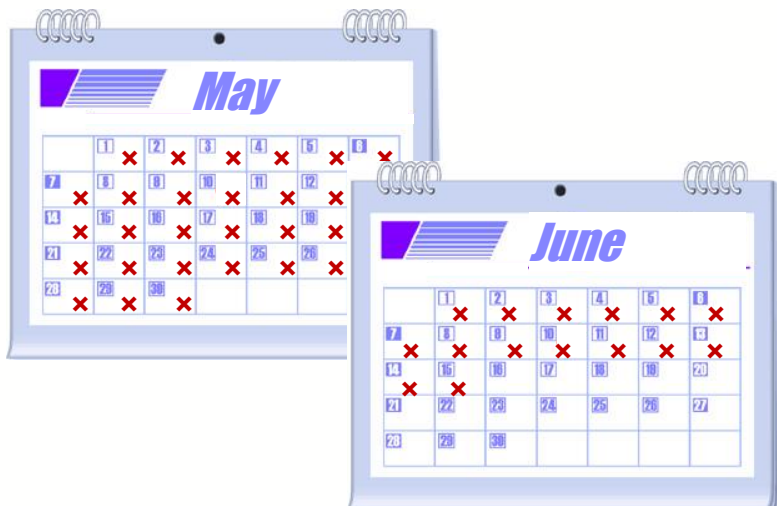
washington  
**healthplanfinder**  
powered by the Washington Health Benefit Exchange



# The Application Process

**Through  
September 30,  
2013**

**Processing Time:**



**Up to 45 Days**

**Beginning  
October 1,  
2013**

**Processing Time:**



**30 minutes to 1 hour**





OPEN ENROLLMENT: OCTOBER 1, 2013 TO MARCH 31, 2014



LOREM IPSUM DOLOR SIT AMET, CONSECTETUR ADIPISCING ELIT MAECENAS

## Find Health Coverage that is Right for You

Welcome to Washington Healthplanfinder, a new way to help you find, compare and select a quality health insurance plan that is right for you, your family and your budget.

[Find and Compare Health Plans](#)[Apply for Coverage](#)

### Small Business Options

If you are a small business owner with 2 to 50 employees in Washington, you can provide health insurance through Healthplanfinder and you may be eligible for tax credits.

If your employer has signed up for coverage through Washington Healthplanfinder, you will receive instructions and log-in information directly from your employer.

[Cover Your Employees](#)

### Click.Compare.Covered

More people than ever before are now eligible for low-cost or free health insurance. Middle-income and low-income individuals and families generally qualify. Healthplanfinder is the only way you can access these savings.

[Learn More ▶](#)

HEALTHPLANFINDER-APPROVED PLANS:

## QHP Logo

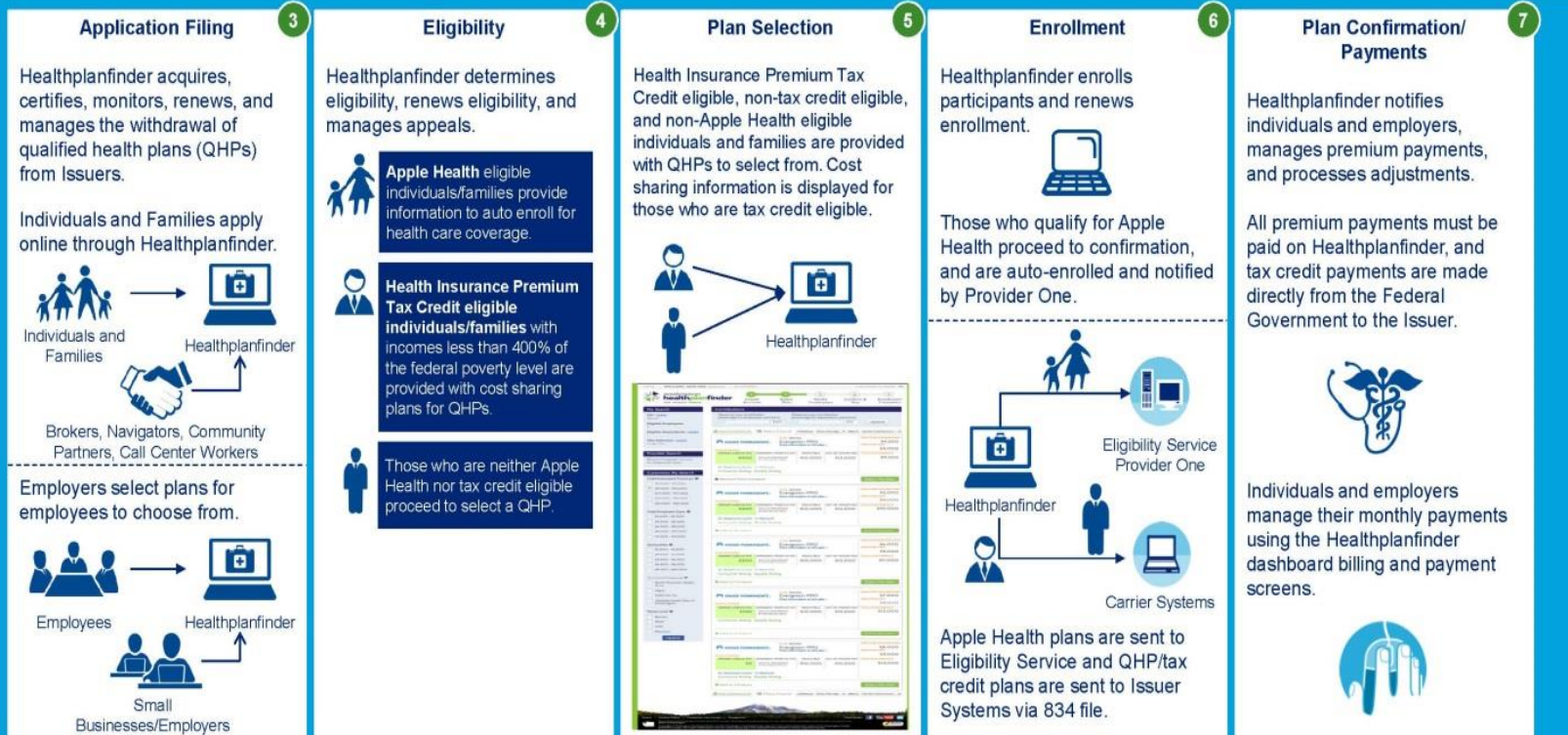
### Sign In

☐ Remember Me[Sign in](#)[Forgot your username?](#)[Forgot your password?](#)[Create an account](#)

Users access Healthplanfinder via one of four access channels.



Healthplanfinder guides users through the process of applying for health and pediatric dental coverage.

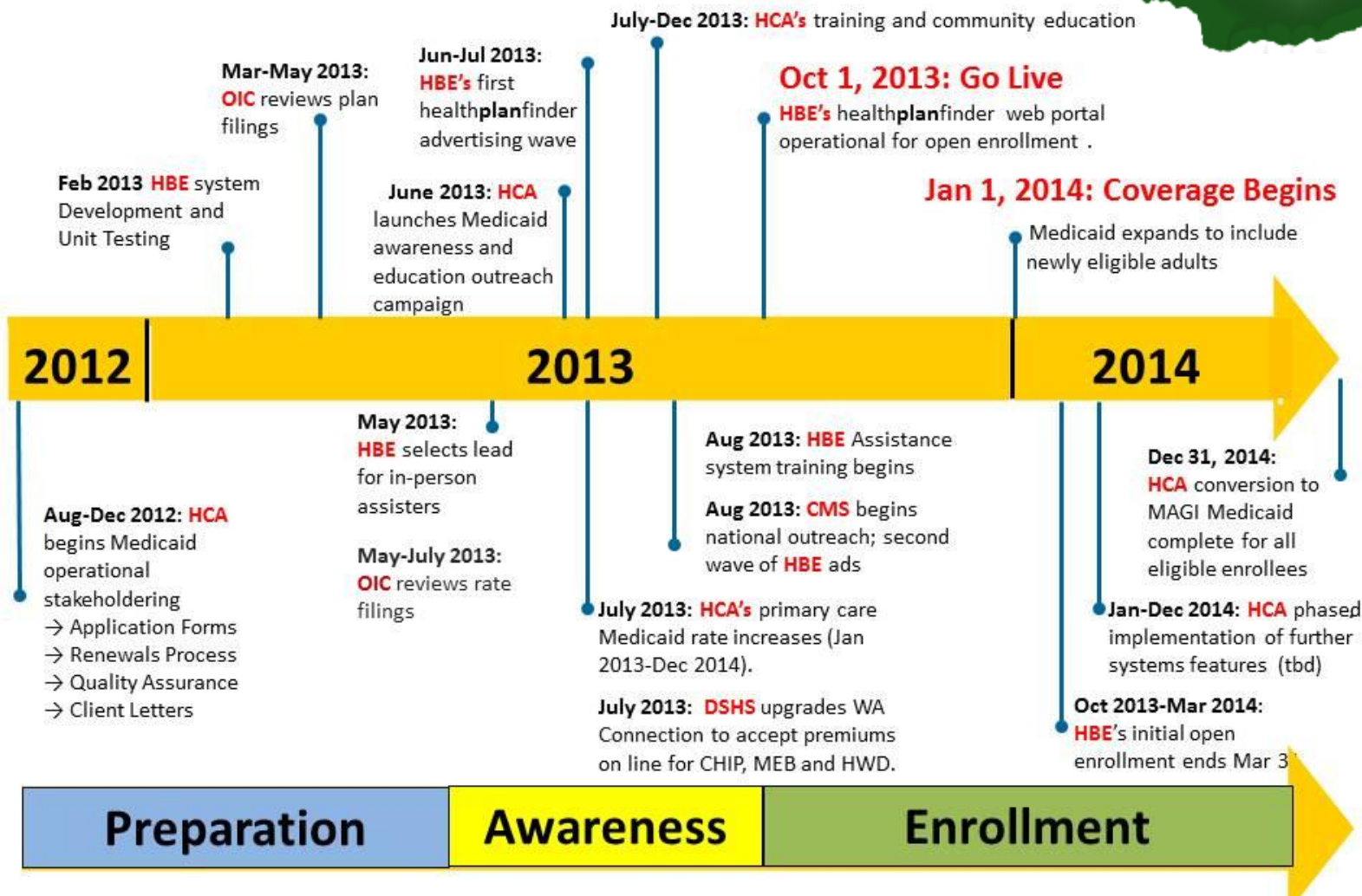


Enabling these operations will be a number of IT systems.





# ACA: Sprint to the Start Line



# Online Resources



- **Web-sites:** <http://www.hca.wa.gov/>
  - For information about the Medicaid expansion:  
<http://www.hca.wa.gov/hcr/me>
  - For information about the Health Benefit Exchange:  
<http://wahbexchange.org/>
  - To contact the HCA concerning the Medicaid expansion:  
[medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)
- **Webinars and presentations around the state**
  - See upcoming schedule and past events at:  
<http://www.hca.wa.gov/hcr/me/stakeholdering.html>
- **Listserv notification**
  - Subscribe at:  
<http://listserv.wa.gov/cgi-bin/wa?SUBED1=HCA-STAKEHOLDERS&A=1>

# State Plan Amendments & Waivers



# The Medicaid State Plan



- **Medicaid governed by a State Plan:**

- Contract between the State and Federal government describing how the State administers its program
- Defines Medicaid eligibility standards, benefits covered, payment methods, provider requirements
- Must be approved by the Centers for Medicare & Medicaid Services (CMS)

- **CMS-Approved State Plan Amendment (SPA) required to implement changes to Washington's State Plan**

- Can be driven by changes in federal or state law, regulations, court orders...

# SPA Process: Medicaid & CHIP



## *Required to Implement ACA Changes*

(e.g., Medicaid expansion)

- CMS supplying templates for States to standardize/streamline process
- While meeting CMS expectations, SPAs must be submitted (90 days)
- HCA remains committed to meaningful consultation process and notification requirements
- Ongoing dialogue between Tribes and the State Medicaid/CHIP programs
- CMS will conduct extensive Tribal outreach through Tribal Technical Assistance Group and “All Tribe Calls” over next several months

# State Plan Amendments (SPA)



## *Medicaid/CHIP MAGI Eligibility & Benefits*

- MAGI-based eligibility groups (mandatory & optional)
- Eligibility process
- MAGI income methodology
- Single state agency
- Residency\*
- Citizenship & Immigration Status\*
- Hospital Presumptive Eligibility— not applicable to Washington
- Alternative Benefit Plans+

\* No impact on Tribal health care  
+ Waiting for final federal regulations



# Medicaid Waiver Overview



## ● **Waivers:**

- Are contracts between the State and federal government to test different ways to deliver and pay for health care services in Medicaid and CHIP  
For example – the Transitional Bridge 1115 waiver
- Must be approved by CMS

# MAGI Eligibility Determination Waiver



*Required for States to begin using MAGI-based rules  
October 1, 2013*

- Supports streamlined Medicaid application through new online Washington Healthplanfinder
- Prevents eligibility determination being “stuck” between different income calculation methods in current and new MAGI-based systems
- Anticipate Washington State to be fully operational by October 1, 2013, subject to successful completion of CMS’ Operational Readiness Review



# **All-State Training: Medicaid & CHIP Eligibility SPA Processing**

## **Session 1 – Introduction to the MAGI-Related SPA Process for 2014**



***Jen Ryan***

*Office of the Group Director  
Children and Adults Health Programs Group*

***Anne Marie Costello & Larry Clark***

*Division of Eligibility, Enrollment and Outreach  
Children and Adults Health Programs Group*

***Linda Nablo & Judith Cash***

*Division of Children's Health Insurance Programs (CHIP)  
Children and Adults Health Programs Group*

# Medicaid

## MAGI-related SPA Groups

Seven categories of Medicaid MAGI-related eligibility SPAs for 2014:

### **MAGI-Based Eligibility Groups**

(5 mandatory group SPAs and 9 optional groups)

### **Eligibility Process**

(Single streamlined application, renewals, coordination with marketplaces)

### **MAGI Income Methodology**

### **Single State Agency/Administration**

(Delegation of appeals and determinations)

### **Residency**

(Residency, interstate agreements, and temporary absence)

### **Citizenship & Immigration Status**

(Citizenship, reasonable opportunity options, immigrant eligibility)

### **Presumptive**

**Eligibility**  
**(PE)**

All other Medicaid eligibility SPAs will be submitted through existing process using appropriate pre-print pages

# CHIP Categories

Five categories of CHIP eligibility SPAs for 2014\*:

**MAGI Eligibility**  
(6 optional eligibility  
group SPAs)

**Medicaid Expansion  
(Title XXI)**  
(for children up to  
133% of the FPL)

**Coverage of Children  
losing Medicaid**  
(Implementation of  
section 2101(f) of the  
ACA)

**Eligibility Process**  
(Single streamlined  
application/screen and  
enroll, renewals,  
coordination with  
marketplaces)

**Non-Financial Eligibility**  
(Residency, citizenship &  
immigration status, SSN,  
continuous eligibility,  
presumptive eligibility)

\* Note: Other types of SPAs will continue to be submitted through current process using paper template

# Q & A on Medicaid Expansion



**BREAK (15 Minutes)**



# Uncompensated Care Waiver



- CMS Medicaid Director letter 04/18/2013
- Developing formal amendment request
- Approach: All Title XIX services
- Time limits: Prefer beyond 12/31/2013
- Survey of Tribes – operational considerations
- Waiver – new or existing



# Comments & Closing



For written comments, submit to:

**Karol Dixon**

*Native Health Program Manager*

[karol.dixon@hca.wa.gov](mailto:karol.dixon@hca.wa.gov)

360-725-1649